

Indiana Auditor of State

P.O. Encumbrance

Due to Service Center, Room 234.

[] W-9 Form (s) Enclosed

AGENCY INFORMATION

<u>Requestor</u>	<u>Telephone #</u>	<u>Date</u>

DISKETTE INFORMATION

<u>Agency Number</u>	<u>Transmittal Number</u>	<u>Description</u>
<u>Number of Encumbrances</u>	<u>Dollar Amount</u>	
<u>Adjusted # of Encumbrances</u>	<u>Adjusted Dollar Amount</u>	

AGENCY CONTACT INFORMATION

If any problems with the diskette or balancing occur, the following individuals can be contacted:

<u>Contact Name</u>	<u>Telephone #</u>
<u>Contact Name</u>	<u>Telephone #</u>

AUDITOR OF STATE INFORMATION

LOG-IN		LOG-OUT		AGENCY complete if date other than system date
Date Received		Date Returned to Agency		Warrant Date
Pre-Edit	<u>Load:</u>	Edit Reports	FROM WARRANT NUMBER	TO WARRANT NUMBER

COMMENT SECTION - to be used if agency is contacted.

Name of person called	Telephone #	Date Called

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